

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
06/23/04

PRODUCER Sullivan Company LLC PO Box 2910 Greenville, SC 29602	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Maxum Specialty Group	
	INSURER B: Great American Insurance Co	
	INSURER C: Landmark American Ins. Co.	
INSURED ESI Acquisition, Inc. 699 Broad Street, Suite 1100 Augusta, GA 30901	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS						
A		GENERAL LIABILITY	BDG000009601	06/27/04	06/27/05	EACH OCCURRENCE	\$1,000,000					
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000					
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$					
		<input checked="" type="checkbox"/> BI/PD Ded:1,000				PERSONAL & ADV INJURY	\$1,000,000					
						GENERAL AGGREGATE	\$2,000,000					
						PRODUCTS - COMP/OP AGG	\$1,000,000					
		GEN'L AGGREGATE LIMIT APPLIES PER:										
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC										
							AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
							<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
<input type="checkbox"/> ALL OWNED AUTOS	BODILY INJURY (Per accident)		\$									
<input type="checkbox"/> SCHEDULED AUTOS	PROPERTY DAMAGE (Per accident)		\$									
<input type="checkbox"/> HIRED AUTOS												
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$					
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$					
						AUTO ONLY: AGG	\$					
B		EXCESS/UMBRELLA LIABILITY	5574921	01/01/04	06/27/05	EACH OCCURRENCE	\$5,000,000					
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$5,000,000					
							\$					
		<input type="checkbox"/> DEDUCTIBLE					\$					
		<input type="checkbox"/> RETENTION \$					\$					
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER					
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$					
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$					
						E.L. DISEASE - POLICY LIMIT	\$					
		OTHER										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

**IOWA Department of
Administrative Services
Hoover State Office Building
Des Moines, IA 50319-0105**

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Joseph F. Sullivan

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.